U.S. DEPARTMENT®E HOMELAND SECURITY U.S. ©OAST®UARD CGAUX⊟38 (6-04)

# U. S. COAST GUARD AUXILIARY CHANGE OF OFFICER(S) REPORT

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	OFFICE BEING	G FILLED SECTION	
MEMBER NUMBER	TITLE OF OFFICE BEING FILLED		
LAST NAME	FIRST	NAME AND INITIAL	OFFICE
COMMENTS:	•		DATE OF OFFICE
			MM DD YY
OFFICE BEING VACATED SECTION			
MEMBER NUMBER	TITLE OF OFFICE BEING VACATED		
LAST NAME	FIRST NAME AND INITIAL		OFFICE
COMMENTS:	•	HIGHEST	DATE MEMBER
		PAST OFFICE	LEFT OFFICE
			MM DD YY
SIGNATURE OF UNIT LEADER		OLONIATUE	E OF BIBALIV
SIGNATURE OF U	JNIT LEADER	SIGNATUR	E OF DIRAUX
SIGNATURE OF U	JNIT LEADER	SIGNATUR	E OF DIRAUX
SIGNATURE OF C	JNIT LEADER  DATE	SIGNATUR	DATE

## **CHANGE OF AUXILIARY OFFICER(S) REPORT - CGAUX - 38**

**A. GENERAL** - This report is used to report a change of either an elected or appointed officer during the calendar year.

#### **B. SECTION I-OFFICE BEING FILLED**

- 1. MEMBER NUMBER Enter the new officer's number.
- 2. TITLE OF OFFICE BEING FILLED Enter the title if the office being filled. Using the unit level followed by the specific office.
- 3. LAST NAME Enter the replacement officer's last name.
- 4. FIRST NAME AND INITIAL Enter the first name and middle initial of the replacement office holder.
- 5. OFFICE Enter the Office code for the specific office being filled.
- 6. COMMENTS: Enter the reason and method of selection, if needed.
- 7. DATE OF OFFICE Enter the effective date of assumption of office in MM/DD/YY format.

#### C. SECTION II-OFFICE BEING VACATED

- 1. MEMBER NUMBER Enter the member number of the officer being replaced.
- 2. TITLE OF OFFICE BEING FILLED Enter the title of the office being filled.
- 3. LAST NAME Enter the last name of the officer being replaced.
- 4. FIRST NAME AND INITIAL Enter the first name and middle initial of the officer being replaced.
- 5. OFFICE Enter the Office code for the specific officer being replaced.
- 6. COMMENTS: Enter a reason for the officer being replaced, as needed.
- 7. HIGHEST PAST OFFICE Enter the highest office held by the officer being replaced, if known. Completion of this box is not required.
- 8. DATE MEMBER LEFT OFFICE Enter the date the member left the office in MM/DD/YY format.

### D. SECTION III

- SIGNATURE OF UNIT LEADER Signature of unit leader if member being replaced is the vice-commander or staff office holder. If the unit commander is being replaced the signature must be that of the unit vice-commander or of the commander of the next highest level unit.
- 2. SIGNATURE OF DIRAUX Signature/Approval of the District Director/Commander.